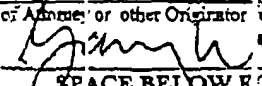
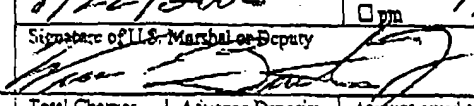


U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER C.A. No. 03-266E Misc. No. 04-3E	
DEFENDANT JAMES F. GERG and ROXANNI GERG		TYPE OF PROCESS ATTEND MARSHAL'S SALE	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ELK COUNTY COURTHOUSE		
	ADDRESS (Street or RFD, Apartment No., City State and ZIP Code) CONFERENCE ROOM IN THE BASEMENT OF THE ELK COUNTY COURTHOUSE, MAIN STREET, RIDGWAY, PA 15853		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be Served with this Form 285	
Gary W. Dart, Esquire McGrath & Associates, PC 1500 Union Bank Building 306 Fourth Avenue Pittsburgh, PA 15222		Number of papers to be served to this case	
		Check for service on U.S.A.	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Please attend Marshal's Sale scheduled for August 22, 2005 at 11:00 a.m.	
The opening bid is \$37,500.00. Signature of Attorney or other Originator 		Testing service on behalf of <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	TELEPHONE NUMBER (412) 291-4333
DATE August 10, 2005		SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE	
I acknowledge receipt for the total number of process to be served. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve
Signature of Authorized USMS Deputy or Clerk			
I hereby certify and return that I have personally served, or have legal evidence of service, or have executed as shown in "Remarks", the process described on the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only if different than shown above)		Date 8/22/2005	Time 11 am pm
Signature of U.S. Marshal or Deputy 			
Service Fee 225.00	Total Mileage Charges Including expenses 96.25	Forwarding Fee	Total Charges 321.25
		Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

This form should replace the one previously sent to you.
Thanks

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGEMENT OF RECEIPT